Form Approved
OMB NO. 0930-0216
Exp. Date 01/31/2017
See burden statement on next page

Addiction Technology Transfer Center (ATTC) Network
Follow-Up Form for Training

Participants – Please Write Your Unique Personal Code Here as Follows:			
First Letter of Mother's First Name:		**First Letter of Mother's Maiden Name:**	
First Digit of Social Security Number:		**Last Digit of Social Security Number:**	
Office Use Only - ATTC Event Code:			

Please check here ( ) if you have received a hard copy of this survey in the mail in error, (i.e., you did not attend the training listed above) and return the uncompleted survey in the enclosed postage-paid envelope.

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
1. How satisfied are you with the overall quality of this training?	☐	☐	☐	☐	☐
2. How satisfied are you with the quality of the instruction?	☐	☐	☐	☐	☐
3. How satisfied are you with the quality of the training materials?	☐	☐	☐	☐	☐
4. Overall, how satisfied are you with your training experience?	☐	☐	☐	☐	☐

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. The training was relevant to substance abuse treatment.	☐	☐	☐	☐	☐
6. The material presented in this class has been useful to me in dealing with substance abuse.	☐	☐	☐	☐	☐
7. The training enhanced my skills in this topic area.	☐	☐	☐	☐	☐
8. The training was relevant to my career.	☐	☐	☐	☐	☐
9. The training has enabled me to serve my clients better.	☐	☐	☐	☐	☐
10. This training was relevant to substance abuse treatment.	☐	☐	☐	☐	☐
11. I would recommend this training to a colleague.	☐	☐	☐	☐	☐
12. I would take additional training from CSAT.	☐	☐	☐	☐	☐
13. I have adequate knowledge in this topic area.	☐	☐	☐	☐	☐
14. I possess the skills required in this topic area.	☐	☐	☐	☐	☐
15. I am currently effective when working in this topic area.	☐	☐	☐	☐	☐

	Very Useful	Useful	Neutral	Useless	Not Applicable
16. How useful was the information you received during the training?	☐	☐	☐	☐	☐

	Yes	No
17. Did you share any of the information from this training with others?	☐	☐
18. Did you share any of the materials from this training with others?	☐	☐
19. Have you applied any of what you learned in the training to your work?	☐	☐

20. Which of the following have been barriers to applying the information/skills learned in this training to your current job? (Check all that apply)

_____ Colleagues
_____ Client needs
_____ Time
_____ Financial resources
_____ Supervisor
_____ Staff resources
_____ Policies and procedures
_____ Need for additional training
_____ Other (specify: _____)
_____ No barriers

What about the training was most useful in supporting your work responsibilities?

How can the ATTC Network improve its training?

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Thank you for completing our survey.

Return your survey in the enclosed reply envelope if you received a hard copy of this survey.